



Billing Instructions

Claim Form UB-92 for Assisted Living Services

Mail Claim(s) To: MaineCare CLAIMS PROCESSING
M-700
AUGUSTA, MAINE 04330

**The provider of service must purchase UB-92 claim forms.
The Bureau of Medical Services does not provide these forms.**

Revised 08/05

UB-92 Billing Instructions for MaineCare

The following billing instructions are specific to MaineCare. The form locator requirements are taken from the UB-92 manual developed by the National Uniform Billing Committee and approved by the State of Maine Uniform Billing Committee.

FL = Form Locator

FL01: Minimum requirement is the provider's name, city, state and zip code. The telephone number is helpful in contacting the provider, if necessary.

FL02: Leave Blank. MaineCare assigns a unique Transaction Control Number (TCN) to each claim received and this space needs to be left blank for that number to be stamped onto the claim. The TCN appears on your remittance statement in the left-hand column.

FL04: Type of Bill.

Type of Facility – 1st Digit

8 Special Facility

Bill Classification (Special Facilities Only) – 2nd Digit

9 Other

Frequency – 3rd Digit (Choose from the following):

- 1** Admit through Discharge
- 2** Interim - First Claim
- 3** Interim - Continuing Claim
- 4** Interim - Last Claim
- 7** Replacement of Prior Claim
- 8** Void/Cancel Prior Claim

FL05: Employer Identification Number (EIN). This number is required for Federal income tax purposes.

FL06: The beginning and ending service dates of the billing period, **including date of discharge, if applicable**. For all services received on a single day, use both the “From” and “Through” dates, i.e. both will be the same date. Enter both dates as month, day, and year (MMDDYYYY). Example: 07012004.

Note: Cannot cross months.

FL07: Number of covered days. **The date of admission is a covered day but the date of discharge is not. Do not include the date of discharge, in total.**

FL12: Member’s name must be entered by last name, first name and middle initial, exactly as printed on the MaineCare Eligibility Card.

FL13: Member’s address.

FL14: Member’s date of birth in eight-digit format. (MMDDYYYY)

FL15: Member’s sex. “M” or “F”.

FL17: Enter the date that the MaineCare Member was admitted to the facility in eight-digit format (MMDDYYYY). Please note, if the admission date is entered incorrectly as being after the “from date” in FL06, your claim will deny for invalid dates billed.

FL20: Source of admission. Please use one of the following:

- 4** Transfer from hospital
- 5** Transfer from Skilled Nursing Facility (SNF)
- 6** Transfer from another health care facility
- 9** Transfer from home or Information not available

FL22: A code indicating member’s status as of the through date of the billing period (FL6). The day of discharge is not a covered day by MaineCare and must not be included in the total covered days in FL 7.

The status code must be consistent with the 3rd digit in FL4 (Type of Bill), FL 6 (Statement Covers Period), FL7 (Covered Days) and FL46 (Service Units). Please use one of the following:

- 30** Still a Resident
- 01** Discharged Home
- 02** Discharged to Acute Hospital
- 03** Discharged to Skilled Nursing Facility (SNF)
- 04** Discharged to Nursing Facility (NF)
- 05** Discharged to Other Facility
- 20** Expired

FL37: Enter the Transaction Control Number (TCN) of the claim being adjusted or voided.

FL39 Value Codes and amounts. A code indicating the amount of the MaineCare member's payment responsibility (Spendedown amount indicated on the letter from the Bureau of Family Independence which must be submitted with the claim. Complete as follows:

<u>Code</u>	<u>Amount</u>
D3	\$XXX.XX

FL42: A code, which identifies a specific accommodation, ancillary service or billing calculation.

3103	Assisted Living Services
0001	Total Charges

FL46: Service Units - Enter the number of covered days during the billing period. The number of days indicated in this FL must equal the number of days in FL7.

FL47: Total charges pertaining to the related revenue code for the number of covered days in the billing period (FL 7& 46).

The figures in column 47 add up to a total, which is reported in this form locator using Revenue Code 0001.

Each MaineCare member will have a Resource Adjusted Rate determined by the needs of the member based on assessment by the MDS-ALS assessment. It is the Providers responsibility to bill the correct rate for each member per the Rate Schedule in the MaineCare Benefits Manual, Chapter III, Section 6, 11000. The current rates are as follows:

<u>Resource Group</u>	<u>Rate Paid to Facility</u>
1	\$83.24
2	\$64.47
3	\$70.77
4	\$56.78
5	\$52.46
6	\$47.42
7	\$36.79
8	\$36.79

FL50: Code and name identifying each payer organization from which the provider might expect some payment for the bill. (**NOTE: If MaineCare is the only payer FL54, 55, 58, 59, 61 and 62 are not required.**)

Line A = Primary payer
 Line B = Secondary payer
 Line C = Tertiary payer

Code C = Medicare
 Code D = MaineCare
 Code G = Blue Cross
 Code F = Other

Example: If a member has Blue Cross, FL50 would be as follows:

Line A = G for Blue Cross, Line B = D for MaineCare

Lines in FL50 have to correspond to lines in FL51, FL54, FL58, FL59, FL60, FL61 and FL62.

FL51: The number assigned to the provider by the payer indicated in FL50, Lines A, B and C. MaineCare assigns a nine-digit provider number. If MaineCare is

secondary as in the example above, the MaineCare provider number would be in line B.

FL54: Prior payments received from other third party payers except MaineCare. Never put a prior MaineCare payment in this FL. MaineCare knows if you have been paid on certain line items and will deny those specific line items as duplications.

If you are in a contractual agreement with a private insurance company to accept their payment as payment in full, you cannot bill MaineCare for charges. You will get rejected for the reason “no balance due”.

FL58: Insured’s last name, first name and middle initial. Name must correspond with the name of the MaineCare ID card. For MaineCare purposes the member is considered the insured. If the patient is covered by insurance other than MaineCare, enter the name of the individual in whose name the insurance is carried.

FL59: If a member has insurance through a third party, use one of the codes below that indicate the relationship:

- 01 – Patient
- 02 – Spouse
- 03 – Natural Child/Insured has Financial Responsibility
- 04 - Natural Child/Insured does not have Financial Responsibility
- 05 – Step Child
- 06 – Foster Child
- 07 – Ward of the Court
- 08 – Employee (Patient is employed by the insured)
- 09 – Unknown
- 10– Handicapped (coverage extends beyond normal termination limits as a result of laws or agreements extending coverage)
- 13 - Grandchild
- 14 – Niece/Nephew
- 15 – Injured Plaintiff (Patient is claiming insurance as a result of injury covered by the insured)
- 18 – Parent
- 19 – Grandparent
- 20 – Life Partner

FL60: MaineCare ID number as shown on the MaineCare card or other insurance ID number if applicable. Remember to use the appropriate line (A, B or C) that corresponds to FL50.

FL61: Insured's group name, if applicable.

FL62: Insurance group number, if applicable.

FL63: If applicable, you would enter the prior authorization (PA) number given by the Bureau of Medical Services to the provider that authorizes services. For example, if a member is in an out of state facility, MaineCare must authorize this service and assign a number, before services can be performed and billed.

FL64: A code used to define the employment status of the insured individual identified in FL58, if applicable, use one of the codes listed below:

- 1 – Employed full time
- 2 – Employed part time
- 3 – Not employed
- 4 – Self-employed
- 5 – Retired
- 6 – On Active Military Duty
- 9 – Unknown

FL65: Employer name that provides health care coverage, if applicable.

FL67: The primary diagnostic ICD9-CM code.

FL84: Remarks, when applicable. Example: Insurance explanation attached.

FL85: Provider representative signature; facsimile signature acceptable. "Signature on file" is **not** acceptable.

FL86: Date bill submitted. (MMDDYYYY) Claims are rejected if this date is missing, incomplete or prior to the last date of service in the covered period.